

SERFF Tracking Number:	CHER-125273610	State:	Arkansas
Filing Company:	Securian Casualty Company	State Tracking Number:	AR-PC-07-025908
Company Tracking Number:	CPI-AR-001-RATE		
TOI:	28.0 Credit	Sub-TOI:	28.0002 Creditor-Placed Auto
Product Name:	CPI Rates		
Project Name/Number:	/		

Filing at a Glance

Company: Securian Casualty Company
Product Name: CPI Rates
TOI: 28.0 Credit
Sub-TOI: 28.0002 Creditor-Placed Auto
Filing Type: Rate

SERFF Tr Num: CHER-125273610	State: Arkansas
SERFF Status: Closed	State Tr Num: AR-PC-07-025908
Co Tr Num: CPI-AR-001-RATE	State Status:
Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Laura Jones	Disposition Date: 08/28/2007
Date Submitted: 08/27/2007	Disposition Status: Exempt from Review
	Effective Date (New): 10/01/2007
	Effective Date (Renewal):

Effective Date Requested (New): 10/01/2007
Effective Date Requested (Renewal):

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/28/2007	
State Status Changed: 08/28/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Creditor Placed Auto Insurance (CPI) Form and Rate Filing	

Company and Contact

Filing Contact Information

Laura Jones, Assistant Vice President
P.O. Box 6097
Macon, GA 31208

Laura.Jones@cnlf.com
(478) 314-3159 [Phone]
(478) 757-1568[FAX]

Filing Company Information

SERFF Tracking Number: CHER-125273610

State: Arkansas

Filing Company: Securian Casualty Company

State Tracking Number: AR-PC-07-025908

Company Tracking Number: CPI-AR-001-RATE

TOI: 28.0 Credit

Sub-TOI: 28.0002 Creditor-Placed Auto

Product Name: CPI Rates

Project Name/Number: /

Securian Casualty Company

CoCode: 10054

State of Domicile: Minnesota

P O Box 6097

Group Code: 869

Company Type: Property &

Casualty

Macon, GA 31208-6097

Group Name:

State ID Number:

(478) 314-3159 ext. [Phone]

FEIN Number: 41-1741988

SERFF Tracking Number: *CHER-125273610*

State: *Arkansas*

Filing Company: *Securian Casualty Company*

State Tracking Number: *AR-PC-07-025908*

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Product Name: *CPI Rates*

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Filing Fees

Fee Required? Yes

Fee Amount: \$75.00

Retaliatory? Yes

Fee Explanation:

Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	08/28/2007	08/28/2007

SERFF Tracking Number: *CHER-125273610*

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Disposition

Disposition Date: 08/28/2007

Effective Date (New): 10/01/2007

Effective Date (Renewal):

Status: Exempt from Review

Comment: Per Arkansas Code 23-67-206: Property and casualty insurance for commercial risk, excluding workers' compensation, employers' liability, and professional liability insurance are exempted from rate and rule filing and review.

(see actual code site for details)

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Actuarial Memorandum	Accepted for Informational Purposes	Yes
Supporting Document	Authorization Letter	Accepted for Informational Purposes	Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	Transmittal	Accepted for Informational Purposes	Yes
Rate	Arkansas CPI Rates	Accepted for Informational Purposes	Yes

SERFF Tracking Number: *CHER-125273610*

State: *Arkansas*

Filing Company: *Securian Casualty Company*

State Tracking Number: *AR-PC-07-025908*

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TOI: *28.0 Credit*

Sub-TOI: *28.0002 Creditor-Placed Auto*

Product Name: *CPI Rates*

Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CHER-125273610</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Securian Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-025908</i>
<i>Company Tracking Number:</i>	<i>CPI-AR-001-RATE</i>		
<i>TOI:</i>	<i>28.0 Credit</i>	<i>Sub-TOI:</i>	<i>28.0002 Creditor-Placed Auto</i>
<i>Product Name:</i>	<i>CPI Rates</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Accepted for Informational Purposes	Arkansas CPI Rates		New	Arkansas Rates.pdf

Arkansas Collateral Protection Policy Coverage Information

Approved Coverages	Refund Method = Standard LSI, Pro-Rata Repos A. If coverage is canceled at Company request, the refund will be computed on a pro-rata basis. B. All other cancellations will be as outlined in one of the following: 1. as outlined in Insuring Agreement 2 of the policy utilizing the refund table attached hereto; or 2. an optional 45-day flat cancellation utilizing (1) above; or 3. Optional Cancellation Method (pro-rata) endorsement; or 4. Optional daily pro-rata endorsement IF (2) is selected, a .25% (1/4 of 1%) surcharge of base rate applies IF (3) is selected, a 10% surcharge of base rate applies IF (4) is selected, a 9% surcharge of base rate applies		
Base Rate w/Min & Max Deviations	Base Rate = 16% with minimum and maximum deviations of 25%		
Deductible Options & Deviations	Borrower Claim	Repo Claim	Deviations
A.	\$200	0	Basic
B.	\$200	\$200	-04%
C.	\$500	0	-09%
D.	\$500	\$200	-12%
E.	\$500	\$500	-15%
F.	\$1000	0	-19%
G.	\$1000	\$500	-26%
Credits for Collateral Type	A. 50% premium credit for non-commercial boats. B. 75% premium credit for recreational vehicles (including motor homes), mobile homes, travel trailers and unlicensed machinery.		
Lender Pay Approved	Yes – Optional Coverages – Lender Paid are: PREMIUM CHARGED PER \$1000 OF OUTSTANDING ELIGIBLE LOANS PER QUARTER A. Instrument Non-Filing – Blanket \$.002 B. Repossessed Collateral Coverage – Blanket \$.004 PREMIUM CHARGED PER CERT INFORCE, PER QUARTER C. Repossession Expense Reimbursement – with or without loss - Notice Required 1. \$750 Mechanic’s Lien & \$500 other Expenses \$0.375 2. \$2000 Mechanic’s Lien & \$1000 other Expenses \$0.44 D. Premium Deficiency with 55% permissible loss ratio \$0.38 Premium Deficiency with 60% permissible loss ratio \$0.50 Premium Deficiency with 65% permissible loss ratio \$0.53 E. Conversion, Secretion and Confiscation Coverage – Notice Required 1. Basic Base Rate \$3.00 2. Broad Form Base Rate \$4.50 Options – basic or broad form • Deductibles \$ 0 Base \$500 -3% \$1,000 -5% \$1,500 -8% \$2,000 -11% \$2,500 -13% • Number of days Securian Casualty Company has to investigate and locate vehicle. 60 days Base 90 days -5% 120 days -10% • Maximum Liability – Payments overdue beyond the period will not be covered. 120 days Base 150 days +4% • Number of days after delinquency within which claims must be reported. 90 days Base 120 days +5% 150 days +8% • For Confiscation losses, waiting period prior to settlement. 60 days Base 90 days -0.5% 120 days -1.0		
ACV Settlement	Settlement options may be amended to include actual cash value at a 5% credit. If ACV is selected, use form 06-50453.		

Standard LSI Refund Table

Day	Refund Percentage
0-30	100%
31-48	82%
49-63	76%
64-79	70%
80-94	64%
95-110	58%
111-127	52%
128-144	46%
145-160	43%
161-175	36%
176-183	34%
184-199	28%
200-224	24%
225-237	21%
238-250	18%
251-264	15%
265-278	12%
279-294	9%
295-316	7%
317-349	3%
350-365	0%

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Supporting Document Schedules

Satisfied -Name: Actuarial Memorandum

Review Status:

Accepted for Informational Purposes 08/28/2007

Comments:

Attachment:

Arkansas Memo.pdf

Satisfied -Name: Authorization Letter

Review Status:

Accepted for Informational Purposes 08/28/2007

Comments:

Attachment:

Letter of Authorization.pdf

Satisfied -Name: Cover Letter

Review Status:

Accepted for Informational Purposes 08/28/2007

Comments:

Attachment:

AR CPI Rate Cover Letter.pdf

Satisfied -Name: Transmittal

Review Status:

Accepted for Informational Purposes 08/28/2007

Comments:

Attachment:

AR CPI rate Transmittal.pdf

ACTUARIAL FILING MEMORANDUM

A. *Scope and Purpose of Filing*

The Securian Casualty Company (the Company) wishes to file initial rates and forms for its Collateral Protection Insurance (CPI) Program in the State of Arkansas. The Company does not have existing rates or rules on file and has never written this product in Arkansas. Therefore, there is no premium effect to this filing.

B. *Description of Benefits*

- Coverages

Covers loss or damage to the insured collateral caused by the following:

- a. Theft, or
- b. Physical Damage

- Limit of Liability

The Maximum Limit of Liability is equivalent to the minimum of the following:

- a. The cost to repair the collateral;
- b. Actual cash value of the collateral less salvage value;
- c. The unpaid loan balance less:
 - i. any payments more than 120 days past due, and
 - ii. unearned interest and finance charges and unearned insurance charges, and
 - iii. net salvage value, and
 - iv. any late charges or penalties added after the loan was made;
- d. The maximum liability shown in the Eligible Collateral Endorsement.

- Exclusions

Coverage will not be prepared for loss or damage:

- a. To a vehicle that is part of a fleet that is intended for use as a public or livery conveyance;
- b. Due to war, whether or not declared, invasion, civil war, insurrection, rebellion, or revolution;
- c. Due to wear and tear, freezing, mechanical or electrical breakdown or failure;

- d. To collateral subject to lien instruments of a wholesale or floor plan nature;
- e. Resulting from forgery;
- f. Resulting directly or indirectly from any dishonest, fraudulent or criminal act by you, your officers or employees or any dealer from whom you may acquire the instrument;
- g. Resulting directly or indirectly from any fraudulent act by the Borrower;
- h. To equipment designed for the recording, reproduction, receiving, or transmitting of sound or signals unless the device is permanently installed in the Insured Collateral at the time the Insured Collateral is purchased;
- i. Arising from a defect in the title which existed at the time the instrument was written or became effective;
- j. Arising from a lien or encumbrance filed with the proper public office or officer which established an interest lawfully superior to yours;
- k. To any collateral where the insurance protection has been waived by you or your authorized personnel;
- l. Caused intentionally by the borrower;
- m. Due to conversion, embezzlement, or secretion by any person in lawful possession of the Insured Collateral;
- n. Due to legal confiscation by a public official;
- o. To other than the standard or optional equipment available from the manufacturer of the collateral;
- p. To batteries, battery containers or secondary fuel containers when the Insured Collateral is a boat or boat motor.

C. *Rate Level Support*

Securian Casualty proposes to utilize the following Collateral Protection rates which are currently approved for use by the Company in its domiciliary state of Minnesota.

Base Rate = 16%

Endorsements:

- Instrument Non-Filing—Blanket = \$.002
- Repossessed Collateral Coverage—Blanket = \$.004
- Repossession Expense Reimbursement:
 - \$750 Mechanic's Lien & \$500 Other Expenses = \$0.375
 - \$2000 Mechanic's Lien & \$1000 Other Expenses = \$0.440
- Premium Deficiency:

with 55% Permissible Loss Ratio = \$0.380

with 60% Permissible Loss Ratio = \$0.500

with 65% Permissible Loss Ratio = \$0.530

- Conversion, Secretion & Confiscation Coverage – Basic = \$3.00
- Conversion, Secretion & Confiscation Coverage – Broad = \$4.50

In order to more accurately reflect the experience and lending practices of each lender, the Company proposes the following rate modification factors:

Characteristic	Maximum Credit	Maximum Debit
Source of Consumer Loans	5.00%	5.00%
Loan Portfolio Profile A. Mix of Vehicles B. Delinquency Ratio	10.00%	10.00%
Balances on which Coverage is to be Placed	5.00%	5.00%
Management of Insurance Follow-up (Blanket – Manual – Automatic)	5.00%	5.00%

The Company intends to monitor its experience and adjust rates as indicated in order to maintain appropriate rate levels.

D. *Policy Forms*

Securian Casualty proposes to utilize the following forms for its Collateral Protection program. These forms have been modeled after those currently approved for use by the Company in its domiciliary state of Minnesota.

Form 06-50438 – Creditor Placed Insurance Policy

This policy form contains the following information: policy period, limits of liability, lender information, covered losses, exclusions, conditions and cancellation information.

Form 06-50439 – Conversion, Secretion, and Confiscation Coverage Endorsement

This endorsement extends the coverage under this policy to include losses resulting from conversion, secretion or confiscation of the insured collateral as defined below:

Conversion – the borrower sells, trades or disposes of the entire unit of insured collateral without the lender's consent.

Secretion – the borrower conceals or hides the insured collateral or removes the insured collateral from the area of use known to the lender with the apparent intent of wrongfully appropriating.

Confiscation – a government body or official lawfully obtains possession of the insured collateral.

Form 06-50440 – Broad Form Conversion, Secretion, and Confiscation Coverage Endorsement

This endorsement extends the coverage under this policy to include losses resulting from conversion, secretion or confiscation of the insured collateral as defined below:

Conversion – the borrower sells, trades or disposes of the entire unit of insured collateral without the lender's consent.

Secretion – the borrower conceals or hides the insured collateral or removes the insured collateral from the area of use known to the lender with the apparent intent of wrongfully appropriating.

Confiscation – a government body or official lawfully obtains possession of the insured collateral.

Form 06-50441 – Repossession Expense Reimbursement Endorsement

This endorsement broadens the coverage under this policy to include reimbursement of repossession expenses including storage, towing, and a mechanic's lien.

Form 06-50442 – Repossessed Collateral Coverage Endorsement

This endorsement extends the coverage under this policy to include losses which occur after the insured collateral has been repossessed by the lender.

Form 06-50443 – Instrument Non-filing Errors and Omissions Coverage Endorsement

This endorsement extends the coverage under this policy to include losses resulting from instrument non-filing errors and omissions.

Form 06-50444 – Premium Deficiency Endorsement

This endorsement provides coverage for the remaining loan balance (less deductions for unearned interest, unearned insurance charges and any late charges or penalties added after the loan was made) after the repossession and sale of the covered collateral.

Form 06-50450 -- Eligible Collateral Endorsement

This endorsement lists the types of collateral eligible for this coverage and the maximum limit of liability for each type of collateral.

Form 06-50451 – Automatic Coverage Endorsement

This endorsement allows for a notice of insurance to be issued if at any time the borrower fails to provide insurance to protect the collateral.

Form 06-50452 – Application for Collateral Protection Insurance

Form 06-50453 – Notice of Insurance

Form 06-50454 – Notice of Insurance (ACV)

Form 06-50455.4 – Arkansas Amendatory Endorsement

This endorsement amends the following portions of the policy:
SETTLEMENT OF CLAIMS, RIGHTS OF RECOVERY,
CANCELLATION, EXAMINATION OF RECORDS, PREMIUM
RATES, PREMIUM REFUND (in the INSURANCE AGREEMENT
section), and SUIT AGAINST US (in the CONDITIONS section).

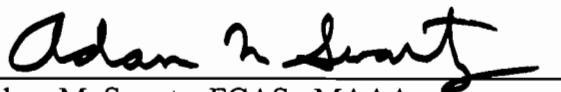
E. *Expense Provisions*

This program has been developed in accordance with following expense assumptions.

Claim Cost:	50.00%
Loss Adjustment Expense:	2.50%
Acquisition Costs:	35.00%
General Expenses:	7.00%
Taxes, Licenses & Fees:	2.50%
Profit:	5.00%
Investment Income:	-2.00%
<hr/>	
Total:	100.00%

F. *Actuarial Certification*

After considering all of the items listed above, in my opinion, the rates and rules contained within this filing are neither excessive, inadequate, nor in any way unfairly discriminatory. I find the benefits provided are reasonable in relation to the proposed premium for this type of product. I, therefore, assert that these rates meet the standards of the Arkansas statutes.



Adam M. Swartz FCAS , MAAA
Vice President – Actuarial
Securian Casualty Company
August 20, 2007

Securian Financial Group, Inc.
400 Robert Street North
St. Paul, MN 55101-2098
www.securian.com
651.665.3500



June 15, 2006

Department of Insurance


Re: Authorization to file forms on behalf of Securian Casualty Company

Dear Sir:

Please allow this letter to serve as authorization for Terry Acton McClellan to file all necessary forms, filings, etc. on behalf of Securian Casualty Company with regards to property and casualty business within your state.

Should you have any questions regarding this matter please do not hesitate to call me at 651-665-3721. Thank you for your time and consideration in this matter.

Sincerely,



Paul Anderson
President, Securian Casualty Company

August 27, 2007

Arkansas Insurance Department
1200 West Third St.
Little Rock, AR 72201

Attention: Property and Casualty Division

Re: **Collateral Protection Insurance – Rates (CPI)**
Filing Identification Number: CPI-AR-001-RATE
NAIC#: 10054
NAIC Group #: 0869
FEIN #: 41-1741988

We have been authorized by Securian Casualty Company to file these Collateral Protection Insurance Policy rates on their behalf. The forms which these rates correspond to have been submitted separately via SERFF with the Filing Identification Number: CPI-AR-001-FORM.

The lender requires, as a condition of the loan, that the borrower maintain insurance coverage protecting the collateral and the interest of the lender during the term of the loan. Should the borrower fail to fulfill this obligation, the lender is authorized by the loan agreement to force place coverage on the collateral protecting the interest of the lending institution.

Enclosed you will find for your review and approval, the Rates and Rules of Rating.

If you need additional information, please contact Matt Rushing who is the Analyst for this filing project. Matt may be contacted by email at matt.rushing@cnlf.com; by fax at 651-665-7364; or by telephone at 478-314-3197.

Sincerely,



Terry A. McClellan
Vice President


Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Minnesota Mutual Group			Group NAIC #	0869
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Securian Casualty Company	Minnesota	10054	41-1741988		

5. Company Tracking Number	CPI-AR-001-RATE
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Laura Jones	AVP Agency	(478) 314-3159 (800) 333-0404	(478) 757-1568	Laura.jones@cnlf.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Laura Jones		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	28 Credit			
10. Sub-Type of Insurance (Sub-TOI)	28.2002 Creditor Placed Auto			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A			
12. Company Program Title (Marketing title)	CPI			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	10/01/2007	Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	August 27, 2007			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CPI-AR-001-RATE
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We have been authorized by Securian Casualty Company to file these Collateral Protection Insurance Policy rates on their behalf. The forms which these rates correspond to have been submitted separately via SERFF with the Filing Identification Number: CPI-AR-001-FORM.

The lender requires, as a condition of the loan, that the borrower maintain insurance coverage protecting the collateral and the interest of the lender during the term of the loan. Should the borrower fail to fulfill this obligation, the lender is authorized by the loan agreement to force place coverage on the collateral protecting the interest of the lending institution.

Enclosed you will find for your review and approval, the Rates and Rules of Rating.

If you need additional information, please contact Matt Rushing who is the Analyst for this filing project. Matt may be contacted by email at matt.rushing@cnlf.com; by fax at 651-665-7364; or by telephone at 478-314-3197.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 1008 Amount: \$75.00</p> <p>Minnesota Retaliatory Fees: \$75 rates</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	CPI-AR-001-RATE
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	CPI-AR-001-FORM
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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4a.	Rate Change by Company (As Proposed)					
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Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only					
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Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate impact for this filing	n/a	
5b	Effect of Rate Filing – Written premium change for this program	n/a	
5c	Effect of Rate Filing – Number of policyholders affected	n/a	

6.	Overall percentage of last rate revision	n/a
7.	Effective Date of last rate revision	n/a
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	n/a

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	CPI Rates	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	